

C. I.—FORM N2

Name _____ Today's Date _____
 (Last) (First) (Middle) Age _____

Home Address _____ Are You Married? _____
 (Street or RFD) (City) (State)

Occupation _____ Last School Grade Reached _____

Directions: Put a circle around (YES) if you can answer YES to the question asked.
 Put a circle around (NO) if you have to answer NO to the question asked.
 Answer all questions. If you are not sure guess.

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| 1. Have you ever had a headache? Yes No | 20. Do you usually feel cheerful and happy? Yes No |
| 2. Do you frequently feel faint? Yes No | 21. Do you always have a bad time no matter what you are doing? Yes No |
| 3. Do you have hot or cold spells? Yes No | 22. Do you often feel miserable and blue? Yes No |
| 4. Have you fainted more than twice in your life? Yes No | 23. Does life usually look entirely hopeless? Yes No |
| 5. Do strange people or places make you afraid? Yes No | 24. Are your emotions usually dead? Yes No |
| 6. Do you often have spells of dizziness? Yes No | 25. Are you usually quiet and sad while at a party? Yes No |
| 7. Do you get all nervous and shaky when approached by a superior? Yes No | 26. Do you often wish you were dead and away from it all? Yes No |
| 8. Does the sight of blood make you want to drop down in a faint? Yes No | 27. Are you considered a nervous person? Yes No |
| 9. Does your work fall to pieces when the boss or a superior is watching you? Yes No | 28. Do you have any unusual fears? Yes No |
| 10. Are you scared to be alone with no friends near you? Yes No | 29. Do you often have difficulty in falling asleep or staying asleep? Yes No |
| 11. Do you feel nervous or dizzy right at this moment? Yes No | 30. Does every little thing get on your nerves and wear you out? Yes No |
| 12. Do you always get orders and directions wrong? Yes No | 31. Does worrying continually get you down? Yes No |
| 13. Does your thinking become completely confused when you have to do things quickly? Yes No | 32. Did you ever have a nervous breakdown? Yes No |
| 14. Do you always sweat and tremble a lot during inspections or examinations? Yes No | 33. Were you ever a patient in a <i>mental</i> hospital? Yes No |
| 15. Do you wish that you always had someone at your side to advise you? Yes No | 34. Do you get out of breath long before anyone else? Yes No |
| 16. Do you have to do things very slowly in order to be sure you are doing them right? Yes No | 35. Do you have pains in the heart or chest? Yes No |
| 17. Does it bother you to eat anywhere except in your home? Yes No | 36. Does your heart often race like mad for no good reason? Yes No |
| 18. Do you have an uncontrollable need to repeat the same disturbing actions? Yes No | 37. Do you often have difficulty in breathing? Yes No |
| 19. Is it always difficult for you to make up your mind? Yes No | 38. Are you often bothered by thumping of the heart? Yes No |
| | 39. Do you often suddenly become frightened while you are thinking? Yes No |
| | 40. Do you often shake or tremble? Yes No |

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| 41. Are you often awakened during sleep by frightening dreams? | Yes No | 70. Do you constantly suffer from bad constipation? | Yes No |
| 42. Do you always become scared at sudden movements or noises at night? | Yes No | 71. Do you often suffer from an upset stomach? | Yes No |
| 43. Do sudden noises make you jump and shake badly? | Yes No | 72. Do you frequently get attacks of nausea (sick to your stomach)? | Yes No |
| 44. Do you tremble or feel weak every time some one shouts at you? | Yes No | 73. Do you suffer from indigestion? | Yes No |
| 45. Are you keyed up and jittery every single moment? | Yes No | 74. Do you always have stomach trouble? | Yes No |
| 46. Do you have very disturbing or frightening thoughts that keep coming back in your mind? | Yes No | 75. Do your stomach and intestines work badly? | Yes No |
| 47. Do you suffer badly from frequent severe headaches? | Yes No | 76. Do bad pains in the stomach double you up after every meal? | Yes No |
| 48. Do you sweat a great deal even in cold weather? | Yes No | 77. Do you usually have trouble in digesting food? | Yes No |
| 49. Are you repeatedly bothered by severe itching? | Yes No | 78. Do you suffer badly from frequent loose bowel movements? | Yes No |
| 50. Are you troubled by stuttering? | Yes No | 79. Has any doctor ever told you that you had ulcers of the stomach? | Yes No |
| 51. Have you at times had a twitching of the face, head or shoulders? | Yes No | 80. Do people usually misunderstand you? | Yes No |
| 52. Were you a bed wetter between the ages of 8 to 14 years? | Yes No | 81. Do you have the feeling of being watched while you are at work? | Yes No |
| 53. Do cold hands or feet trouble you even in hot weather? | Yes No | 82. Have you usually been treated fairly? | Yes No |
| 54. Do you suffer from asthma? | Yes No | 83. Do you have the feeling that people are watching or talking about you in the street? | Yes No |
| 55. Are you a bed wetter? | Yes No | 84. Do people usually pick on you? | Yes No |
| 56. Are you a sleep walker? | Yes No | 85. Are you extremely shy or sensitive? | Yes No |
| 57. Have you ever had a fit or convulsion? | Yes No | 86. Are you easily upset or irritated? | Yes No |
| 58. Do pains in the back make it hard for you to keep up with your work? | Yes No | 87. Do you make friends easily? | Yes No |
| 59. Do you sometimes find yourself unable to use your eyes because of pain? | Yes No | 88. Do you go all to pieces if you don't constantly control yourself? | Yes No |
| 60. Is your body always in very bad condition? | Yes No | 89. Were you ever sent to reform school? | Yes No |
| 61. Do severe pains and aches make it impossible for you to perform your duties? | Yes No | 90. Have you ever gotten into serious trouble or lost your job because of drinking? | Yes No |
| 62. Do you get spells of exhaustion or fatigue? | Yes No | 91. Have you been arrested more than three times? | Yes No |
| 63. Do you wear yourself out with worrying about your health? | Yes No | 92. Have you ever taken dope regularly (like morphine or "reefers")? | Yes No |
| 64. Do weak or painful feet make you miserable every single day? | Yes No | 93. Do your enemies go to great lengths to annoy you? | Yes No |
| 65. Do you frequently get up tired in the morning? | Yes No | 94. Does it make you angry to have anyone tell you what to do? | Yes No |
| 66. Does pressure or pain in the head make it hard for you to perform your duties? | Yes No | 95. Do you often drown your sorrows in drink? | Yes No |
| 67. Are you always in poor health and unhappy? .. | Yes No | 96. Do you always do things on sudden impulse? .. | Yes No |
| 68. Are you constantly too tired and exhausted even to eat? | Yes No | 97. Do people always lie to you? | Yes No |
| | | 98. Do you flare up in anger if you cannot have the things that you want right away? | Yes No |
| | | 99. Is the opposite sex unpleasant to you? | Yes No |
| | | 100. Do you always have to be on your guard with friends? | Yes No |
| | | 101. Do you often get into a violent rage? | Yes No |